

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-500)

484974

118100

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	OFF.	NO.	OFF.	NO.	OFF.						
1							61					
2							62					
3							63					
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46												
47												
48												
49												
50												
Total	2						Total	2				
Total	2						Total	2				
Total	4						Total	4				